



ORDER FORM

1.

	a) Delivery Details	b) Invoice Details (if different from Delivery Details)
Institute Name		
Department		
Address 1		
Address 2		
Address 3		
City		
Postcode / Zip		
Country		
Contact Person		
Telephone		
Fax		
Email		

2.

a) Purchase Order Number																					
b) Quote reference / Discount code																					
c) VAT (MwSt/IVA/Sales tax)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

3.

a) Product / Peptide Code	b) Product Description	c) Fluorescent label (if applicable)	d) Quantity	e) Price (€)
F2B-E/010	e.g. Pro5 [®] Pentamer A*0201/SLYNTVATL	R-PE	150 tests	1,910

f) Delivery	
ORDER TOTAL (€)	



ORDER FORM

4. Please select one of the following payment options:

a) Option 1: Payment on an existing credit account

I/we hold the following credit account with ProImmune and confirm that payment will be made in full within 30 days from the date of invoice.

Credit Account No.

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Signature: _____ Position: _____

Name (print): _____ Date: _____

b) Option 2: Payment in advance

I/we wish to pay in advance by cheque, bank transfer or credit card.

Please select one of the following:

- Payment will be made by cheque
- Payment will be made in advance (we will send you a Pro Forma Invoice)
- Payment will be made by credit card (please complete details below)

Card Type (e.g. VISA/MASTERCARD/AMEX/other):

Card Number:

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Expiry Date:

		/		
--	--	---	--	--

Card Verification Code:

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Name as it appears on card:

Please debit my card with the total shown on page one of this form:

Cardholders Signature: _____ Date: _____

c) Option 3: Application for a new credit account

I/we wish to apply for a 30-day credit account with ProImmune. (We will send you a credit account application form)



1. Your details

a. Delivery details

- Enter the full address you require the order to be delivered to.
- DO NOT USE Post Office Box numbers.
- Please also supply a correct Postcode / ZIP code to ensure prompt delivery.
- We also need a contact telephone number in case of delivery problems.

b. Invoice details

- Please give the full address for the invoice to be posted to.
- If you are paying by credit card this is where we will send the credit card receipt.

2. Additional order details

a. Purchase order number

- Please supply an internal purchase order number if available.

b. Quote reference/Discount Code

- If you have one, enter your relevant quote number or Promotional discount code from ProImmune.

c. VAT (sales tax) number

• Sales tax exemption (EU only)

If you are an EU customer you MUST enter the sales tax number of your organisation / institute so that we do not charge you tax. All organisations will have this number (even academic institutions). Other names for this number are Mw. St. (Germany), TVA (France), IVA (Italy).

• UK VAT exempt customers

If you are purchasing from within the UK and are registered as VAT exempt, you must provide us with a copy of your VAT exemption certificate with EACH purchase.

3. Product information

- Enter the product code you wish to purchase from the Price List followed by the Peptide code from the Product List. If purchasing a custom product enter "CUS" for the Peptide code.
- Enter the full product description (for example Pro5[®] Pentamer A*0201 / SLYNTVATL).
- If applicable, confirm the fluorescent label you require (e.g. R-PE).
- Confirm the quantity of product you want. Enter the number of tests for orders of Pentamers, Tetramers or antibodies, µg quantities for Monomers, mg quantities for lyophilised peptides or vials for T cell Lines.
- In the price column please enter either ProImmune list prices or prices given in a specific quotation/offer stated in section 3.
- Delivery will be charged once per order, except for mixed orders of T cell Lines with other ProImmune products due to different shipping conditions. See Price List for details.

4. Payment options

a. Payment on an existing credit account

- Please enter your credit account number and sign to authorise payment via this method.

b. Payment in advance

- If you are paying by cheque your order will be processed as soon as the cheque has cleared into our account.
- If you wish to pay by bank transfer please fill in the order form and tick the bank transfer box under this section. We will then send you a Pro Forma invoice detailing the exact amount and with details of our bank account. The products will be despatched as soon as the funds have cleared into our account.
- If paying by credit card please enter your details as laid out on the order form. The 3-digit CVV2 or CVC2 code is located on the back of the card, inside the signature area. American Express has a 4-digit number on the front of their card.

c. Application for new credit account

- Please tick the box if you wish to be considered for a 30-day credit account with ProImmune. We will then send you a credit account application form.